

Nutrition SPOTLight

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Volume 4 Issue 1



Young Children: Feed With Care!

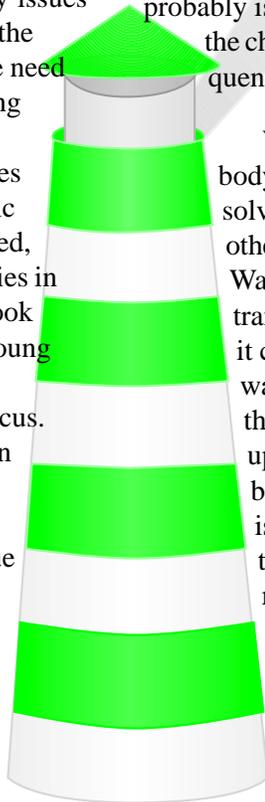
This issue of *Nutrition Spotlight* looks at the many issues surrounding the feeding of the young child. We look at the need for snacks, caution regarding choking, the prevalence of obesity in children and issues about weight. New pediatric growth charts are announced, and the topic of food allergies in children is examined. We look at hydration needs of the young child, and the topic of food security for children is a focus. The needs of the vegetarian child are examined in this issue of the *Spotlight*. Childhood hunger is an issue in Kansas and across the nation, and the *Spotlight* takes a look.

Because of the magnitude of issues we need to address, this issue of *Nutrition Spotlight* has expanded to 12 pages from its usual eight. We know you need to know, and we know your time is valuable. We hope this issue assists you in the role you play in the feeding of the young child.

Water: An Essential Need

There is no doubt that food plays a major role in childhood nutrition. Even more essential to the body than food is water, and it is very important that parents and caregivers pay attention to how much water a child needs and receives each day. Water should be

offered to infants regularly once they are eating solid food. If the weather is hot and the caregiver is thirsty, the infant or small child probably is, too. Offer water and let the child drink it until thirst is quenched.



Water is necessary for body structure and as a solvent for minerals and other important compounds. Water is the key to transportation in the body, as it carries nutrients to and waste products away from the cells. The body relies upon water to help regulate body temperature. Water is lost by evaporation through the skin and respiratory tract, through perspiration, and through elimination. Only a very small amount of water is required for actual growth processes.

A healthy recommendation to parents and caregivers is to get your child used to thinking about water. Offer children a drink of water frequently - when they get up from a nap, when they 'pass through' the kitchen, before and after they go out to play. This focus on water will teach your child to check and notice when he or she is thirsty. Encourage children to carry a water bottle to sports practice and when biking or hiking. Carry water along to playgrounds, swimming and all sites of active play - offer water, because children often don't recognize or will ignore their thirst.

In the Limelight

Young Children: Feed With With Care	1
Water: An Essential Need	1
Snacks—A Healthy Part of Childhood	2
Don't Take a Chance on Choking	3
Childhood Weight Issues— Where are We?	4
Hunger—A Real Concern For Many Kansas Children	4
My Child is Heavy—What Do I Do?	5
New Pediatric Growth Charts Released	5
Eating Breakfast Helps Kids Make the Grade!	6
Take an Active Role in School Food Service	6
PB & J Surprise Muffins	7
Easy Breakfasts for Kids to Make	7
Cooking with Kids	8
Children and Food Allergies	9
Healthy Vegetarian Diet for Children	10
Is Your Child a Picky Eater?	11

Snacks—A Healthy Part of Childhood

Sometimes people believe that snacking is bad for children, because they will “not be hungry at mealtime.” Childhood nutrition experts and common logic tell us otherwise. Children have high energy needs, and their capacity for quantities of food is limited, so they need frequent opportunities to replenish calories. What IS important is when a child snacks, and making sure the snack is nutritious.

Offer snacks to children midway between their meals. Time the snack so that the child’s appetite has returned after the previous meal, and will return following the snack before the next meal. It is helpful to plan for snacks and snack time as we would mealtimes, so snacks can be offered before the child is overly hungry.

What foods make good snacks? Any food that is appropriate for a meal will make a fine snack. To assure that a snack is satisfying, try to incorporate some protein, some carbohydrate and some fat into the snack food. Many healthy foods fit the snack profile—parents may want to experiment. Often, new or different foods will be accepted more readily as a snack than they might be at mealtime.

It is not necessary and probably not advisable to think of “snack foods” as those often identified in advertisements. Many “snack” beverages and foods are empty calories—foods that are high in sugar and/or fat, with little other nutritional value. While it is true that children need energy, these calorie-dense foods may preclude tasty, healthful snacks that contain a variety of needed nutrients. Since snacks provide an important part of a child’s total daily intake, it is wise to provide snacks that are delicious AND nutritious!

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C a l e n d a r

July	National Hot Dog Month National Ice Cream Month Kansas Wheat Month
July 4 August	Independence Day National Sandwich Month Kansas Peaches Month
August 1-7 August 21	World Breastfeeding Week Fall Classes begin at K-State
September	National Honey Month National Breakfast Month Kansas Fruits and Vegetables Month

Don't Take a Chance on Choking

Choking is a concern for people of all ages. Foods that are especially problematic in blocking the air passageway include small hard foods, round-shaped foods, slippery foods that easily slide down the throat before they can be properly chewed, and sticky foods that can get stuck in the throat.

Toddlers and preschoolers are particularly at-risk. Children who are exploring their surroundings often find small objects. They need supervision to avoid a choking incident that could occur if they were to put potential hazards into their mouth.

Reduce Risk for Choking

- Do not let young children eat without an adult present.
- Solid foods that require little chewing, such as applesauce, and that dissolve easily, such as graham crackers, cereal and noodles, are not likely to cause choking.
- Be sure to cut up or chop foods that require chewing into small odd-shaped pieces, or help the child bite off a small piece of the food. Do not allow a young child to put large pieces of food into his or her mouth.
- Remind youngsters to chew their food well. They should also finish chewing before speaking.
- Establish a rule that children must sit down or stand still to eat or drink. If they are running, or lying down, they are more likely to choke. Do not allow children to eat foods they might choke on while riding in a vehicle.
- Excessive laughing while eating can also lead to choking.



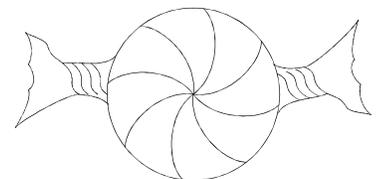
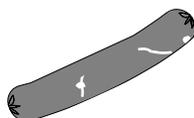
Use caution and avoid offering young children foods that are:

- Hard.** For example, nuts, seeds, popcorn, raisins, snack chips, chewing gum, pretzels, jelly beans, and certain raw fruits and vegetables such as celery, carrots, green beans, broccoli, or apple slices with the peeling left on.
- Firm and round-shaped,** such as cooked carrot coins, cherry tomatoes, potato chunks, grapes, berries, orange segments, hot dogs, cheese sticks, certain candies, snack puffs.
- Slippery,** such as large pieces of meat, ice cubes, bananas.
- Sticky.** For example, peanut butter, certain candies.

Choking First-Aid Tips

- Teach children to hold their throat or make a commotion if they feel themselves choking. They need to draw attention to themselves to attract help.
- If an older child begins to choke and needs help, use the Heimlich maneuver if he or she cannot breathe, cough, talk or cry, until you have dislodged the object from the air passageway.
- For young children, hold them head down and give five back blows and five chest thrusts. Repeat blows and thrusts until the object comes out.
- If the person is unconscious, call for emergency medical help, then look for and clear anything from the mouth. Give two slow breaths, then five back blows and five chest thrusts. Repeat until help arrives, or the individual begins to function normally.

Sources: *Healthy Child Care America Newsletter*. Winter 2000. *American Academy of Pediatrics*. Elk Grove Village, IL *The American Dietetic Association's Complete Food and Nutrition Guide*. Roberta Duyff. pp 414-415, 424. 1998.



Childhood Weight Issues—Where are We?

Obesity in America's children is an issue of considerable concern today. Nutrition Spotlight vol. 2 Issue 6 dealt with childhood obesity. In fact, the problem is frequently referred to as "epidemic" by government officials and scientists. Why are so many children overweight? What can be done to change the course of the epidemic?

The answer to the question of obesity in children is difficult and multi-faceted. According to an article appearing in *Pediatrics*, vol. 102, September 1998, data from the National Center for Health Statistics (NCHS) indicate that approximately one in five children in the US is now overweight. Upon examination, the identified problem appears to have many probable causes. The "epidemic" proportion of the problem of childhood obesity stems from the dramatic increase in the prevalence of childhood obesity between 1980 and 1990.

Dr. William Dietz, MD, PhD, Centers for Disease Control and Prevention, spoke on the contribution of diet and inactivity to childhood obesity at a symposium on the subject sponsored by the United States Department of Agriculture (USDA) in 1998. He reported that only about a third of adult obesity begins in childhood, but that obesity in adults that DOES begin in childhood tends to be more severe, with possible adverse effects. These effects include a dramatic ten-fold increase in the incident of non-insulin dependent diabetes in children from 1982 to 1994, according to Michael Goran, PhD, of the University of Alabama at Birmingham. Dietz also reported that there is no longer a regional effect on childhood obesity are now operating countrywide, rather than regionally.

Dietz found that eating patterns over the last 30 years have changed substantially. This is important because increasingly more meals are purchased outside of the home, and this food often has a higher caloric content than food prepared in the home. Portion sizes tend to be substantially larger, and Dietz believes this is intergral to the obesity problem.

Decreased physical activity is also a critical part of the energy balance equation, according to Dietz. He cites the loss of safe opportunity for vigorous physical activity over the past 15 years as key in the child obesity dilemma. Increase inactivity is a two-fold concern; no activity is taking place, and often increased food consumption accompanies the sedentary behavior.

Goran concluded his discussion with the observation that nutrition health risk in children is no longer one of hunger or nutrient deficiencies. The risks of this century are going to be mediated by obesity - we are in an obesity-promoting environment with increased food availability and decreased availability for physical activity.

Hunger— A Real Concern For Many Kansas Children

Many Kansans do not have access to an adequate supply of food, according to the Kansas Health Institute (KHI). The study, released in 1999, reveals that those most at risk for experiencing hunger include children living in households with a single parent, low-income persons, and African Americans. Of particular concern is the finding that Kansas children living in households headed by single females were nearly twice as likely as similar children in other parts of the country to report hunger in their households. Key findings of the study include:

*More than one-third of those reporting hunger in their household - approximately 35,000 - were children. This represents nearly one child out of every 20 in Kansas.

*Children living in households with a single parent were much more likely to lack a secure supply of food than those living with two parents.

*One Kansas child out of every four (27%) living in a single female-headed household reported hunger in their household during the past year. This is nearly twice the national average (14%) of hunger reported by similar children.

The KHI study was conducted at the request of the Campaign To End Childhood Hunger in Kansas (CTECH). The study reviewed data from 1,418 persons in 571 households in Kansas randomly selected for the Current Population Survey Food Security Supplement.

My Child Is Heavy— What Do I Do?

Childhood obesity is on the increase in the US and globally. As more and more children become obese, concerned families and healthcare professionals ask what can be done. What can parents do? Here are some guidelines developed by Joanne P. Ikeda, MA, RD, University of California.

California Guidelines for Parents of Large Kids

- * Provide the child with lots of love and attention...don't pressure the child to lose weight.
- * Have regular meals and snacks...try to discourage eating at other times.
- * Let the child decide how much to eat...don't limit the amount of food a child can eat, or make a child "clean" the plate.
- * Serve the same healthy food to all family members...don't put the child on a special low calorie diet.
- * Have appealing snack foods available like popcorn, frozen fruit juice bars, string cheese, and frozen low-fat yogurt...don't have lots of high fat snack foods like chips, cake, pie, ice cream, cupcakes and doughnuts.
- * Expect the child to grow into his/her weight...don't expect the child to lose weight.
- * Encourage the child to be more active by playing with toys like balls, frisbees, jump ropes, and bicycles, by joining a sports team, by taking gymnastics, swimming, tennis or other lessons, by walking the family dog, or by joining a 4-H club, Girl Scout or Boy Scout troop ...don't let the child spend a lot of time watching TV or playing video games.
- * Go on family outings that include hiking, swimming, and going to parks and playgrounds where everyone can play actively...don't let your family become "couch potatoes!"

Source: *If My Child Is Too Fat, What Should I do About It?* by Joanne P. Ikeda, University of California.

New Pediatric Growth Charts Released

Health professionals, government officials and parents have awaited the release of new pediatric growth charts from the Centers for Disease Control (CDC). The new charts, released in late May, 2000, are not only updated and more representative of the US population, according to Donna E. Shalala, Health and Human Services Secretary, but they also now include a new assessment for body mass index (BMI). It is believed that this key tool will help identify weight problems early on in children. These growth charts are used by pediatricians, nurses and nutritionists to monitor children's growth.

Most parents are familiar with the original pediatric growth charts, used by health care providers since 1977. The growth charts consist of a series of curves called

"percentiles" that illustrate the distribution in growth of children across the United States. The new BMI measure increase the usefulness of this tool significantly, Shalala says.

"One of the first questions people ask new parents is 'how much did your baby weigh?' From that moment on, growth charts are a reference point for health professionals and parents as their children grow into adolescence and adulthood," Secretary Shalala said at the National Nutrition Summit in Washington, D.C.

The revised pediatric growth charts more accurately reflect the nation's cultural and racial diversity, and track children and young people through age 20. Additionally, there is considerable improvement in the infant growth charts, where new

data and improved statistical procedures have been useful in the revision process.

"Obesity is a condition that is difficult to treat clinically in children, so prevention is key," said CDC Director Jeffrey P. Koplan, M.D., M.P.H. "These new CDC growth charts are an important new tool to identify growth problems at an early age so we can better prevent excess weight gain."

The new pediatric growth charts are available from the CDC web site at this address:
<http://www.cdc.gov/growthcharts>



Eating Breakfast Helps Kids Make the Grade!

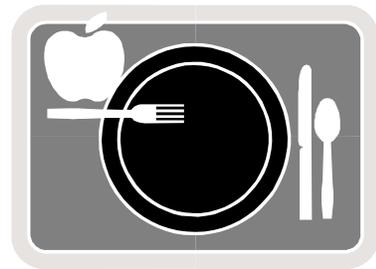
Most parents realize that children who are well fed are healthier and cooperate, behave, work and learn better than children who are hungry. But it's a challenge to get kids fed before the bus comes and everyone leaves home to meet their morning schedules. And sometimes the family food budget is not enough to offer the nutritious foods that children need.

The School Breakfast Program offers nutritious foods to schoolchildren. Studies have shown that the School Breakfast Program provides one-fourth or more of a child's nutritional needs every school day. And when breakfast is available in their school, low-income children are more likely to eat breakfast than when there is no breakfast program.

A recent State of Minnesota Breakfast Study found that students who ate breakfast before starting school had a general increase in math grades and reading scores, increased student attention, reduced nurse visits and improved student behaviors. Parents felt that they were relieved of some of the stress of morning schedules. Parents also felt that their children were not always hungry before leaving home but often arrived at school ready to eat. The school breakfast was more consistent with their children's routines and nutritional needs.

The Wichita, KS, school district has been chosen as one of six districts across the United States to participate in School Breakfast study. During the next three years, selected schools in the Wichita school district will be offering free breakfasts to all students. Each morning, students will be offered cereal, milk, a bagel or muffin, juice or fruit, and sometimes a protein, such as string cheese. The purpose of this study is to document that children who are well-nourished will learn better. And, at the same time, busy parents (of any income) will appreciate the opportunity for their children to have a nutritious breakfast and to start the school day, ready to learn!

“Starting your day without breakfast is like trying to operate a car without fuel.”



Take an Active Role in School Food Service

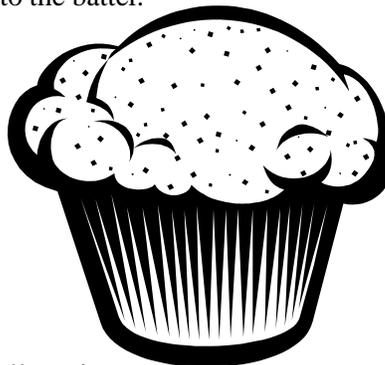
Parents can play a role in meals served to children and teens at school. Here are some ways parents can help children and teens choose healthful meals at school:

- **Get familiar with the menu.** Keep a current school lunch and breakfast menu on your refrigerator.
- **Go over the menu with your kids—especially if there's a new food.** Talk with your children about making choices on the cafeteria line.
- **Get involved.** Join the parent advisory committee for the school food service program.
- **Have lunch or breakfast with kids.** Parents are usually welcome to eat a meal at school.
- **Get to know the school food service staff.** Let them know that you appreciate their commitment to feeding children.
- **Support the nutrition education efforts at school.** Find out what your children are learning, and help them apply it at home.

PB & J Surprise Muffins

Cooking with kids can be fun. Try these moist peanut butter muffins that have a hidden jelly or jam filling. Let the kids pick the flavor and put them in charge of spooning the surprise into the batter.

- 1 3/4 cups all-purpose flour
- 1/3 cup sugar
- 2 1/2 teaspoons baking powder
- 1/2 teaspoon salt
- 1/2 cup creamy peanut butter
- 1 large egg
- 3/4 cup milk
- 1/3 cup butter, melted
- 1/2 cup strawberry, raspberry, or grape jelly or jam



- Preheat oven to 375°. Line a 12-cup muffin tin with paper liners. In a large bowl, combine flour, sugar, baking powder and salt.
- In a separate bowl, mix the peanut butter with the egg; add the milk, a little at a time, then add the butter. Mix well.
- Pour the wet batter into the bowl with the dry ingredients and stir gently to combine (the batter will be stiff).
- Put a heaping tablespoon of batter in the bottom of each muffin cup. Use a finger to make an indentation in the center and put a teaspoon of jelly in the hole. Cover with another heaping tablespoon of batter, or enough to fill each cup about two thirds full. Spread the top batter gently until no jelly is visible.
- Bake for 20 minutes; cool on a wire rack. Be careful - the jelly centers can get hot. Makes 12 muffins. For the perfect snack or nutritious breakfast, add a glass of milk and fruit.

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Easy Breakfasts for Kids to Make

If kids are on their own in the morning, most can make these easy breakfast foods. They go down even “healthier” with juice or milk!

- cheese slices served with—or melted on- toast
- peanut butter spread on toasted whole grain bread or on a waffle, rolled inside a wheat tortilla
- cold pizza
- apple and cheese slices between whole wheat or graham crackers
- peanut butter and apple slices rolled up in a tortilla
- iron-fortified cereal with banana slices
- fruit—bananas, strawberries, raisins— and milk on instant oatmeal
- leftover spaghetti or macaroni and cheese
- breakfast cereal topped with fresh fruit and a scoop of frozen yogurt
- bagel, fruit and a hard boiled egg

Nutrition Facts	
Serving Size 75g	
Servings 12	
Amount Per Serving 1 muffin	
Calories 250	Calories from Fat 100
% Daily Value *	
Total Fat 11g	17%
Saturated Fat 3g	15%
Cholesterol 25mg	9%
Sodium 270mg	11%
Total Carbohydrate 32g	11%
Dietary Fiber 1g	
Sugars 13g	
Protein 6g	
Vitamin A 6%	Vitamin C 0%
Calcium 4%	Iron 6%
*Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs. If your calorie needs are much different, you adjust the amounts recommended for calories, fats, carbohydrate, and fiber.	
	Calories 2,000 2,500
Total Fat	Less than 65g 80g
Sat Fat	Less than 20g 25g
Cholesterol	Less than 300mg 300mg
Sodium	Less than 2,400 mg 2,400mg
Potassium	3,500mg 3,500mg
Total Carbohydrate	300g 375g
Dietary Fiber	25g 30g
Calories per gram:	
Fat 9	Carbohydrate 4 Protein 4

“Breakfast is the most important meal of the day.”

Cooking with Kids

Children enjoy helping in the kitchen and often are more willing to eat foods they help prepare. Children should be involved in all aspects of cooking, from gathering or purchasing ingredients to “reading” the recipe, to measuring, cutting, stirring and serving the completed food. Kids helping with the preparation of foods promotes independence and develops self-confidence.

Another goal in cooking with kids is to expose children to healthy foods. Children may choose nutritionally sound foods if they understand the role of food in good health. Talk about such facts as “milk makes strong bones” or “fruits provide natural sweetness” while cooking to help kids make the best, most nutritious choices.

It is important to give kitchen tasks that are appropriate for each child’s age so that the job that can be done successfully. Give clear instructions, show how it is done, and let him practice. When children help with food preparation, remind them to wash hands using soap and water before and after handling food or utensils to prepare food. Expect a few spills, be patient and allow extra time for each task.

Each child has his own pace for learning a new skill, but a 2-year-old can:

- | | |
|-------------------|--------------------------|
| wipe table tops | snap green beans |
| break cauliflower | wash salad greens |
| scrub vegetables | put bread in the toaster |

3-year-olds can do additional activities such as:

- | | |
|---------------------|--------------------------------|
| spread soft spreads | place things in the trash |
| pour liquids | mix ingredients |
| pour cereal | clear their place at the table |

4-year-olds can do additional activities such as:

- | | |
|---------------|---------------------------|
| peel oranges | mash bananas using a fork |
| set the table | peel hard-cooked eggs |
| knead dough | unload the dishwasher |

5 to 6-year-olds can do additional activities such as:

- | | |
|----------------------|------------------------|
| measure ingredients | use an egg beater |
| break eggs into bowl | cut with a blunt knife |



Cooking provides many opportunities for using all the senses - tasting, smelling, touching, seeing and hearing. Measuring, weighing and following sequential steps interest the child who is most comfortable with math and logic. The picture cooking method for many recipes is perfect for the child who visualizes things in order to understand and produce them. Cooking in a classroom is a great opportunity for many children who learn best by working with others. The main point of cooking with children is to have an enjoyable time together.

Recommended cookbooks to enjoy with children:

* **Disney’s Family Cookbook** by Deanna F. Cook and the Experts at FamilyFun magazine. 1996. Hyperion. ISBN # 0-7868-6112-6. To order or for more information Phone 1-800-759-0190 \$24.95 + 5.00 shipping. .

* **Electric Bread for Kids**. 1998. Innovative Cooking Enterprises, Inc. ISBN # 1-891705-00-8. To order or for more information call 1-800-541-2733. \$29.95.

* **Kitchen Fun for Kids**. 1991. Michael Jacobson, Ph.D., and Laura Hill, R.D. ISBN # 0-8050-4503-1.

* **Healthy Foods for Hungry Kids**. Better Homes and Gardens. ISBN # 0-696-01690-7

Children and Food Allergies

Few children have true food allergies. Fortunately, most of them who do, outgrow them. For those who don't, living with food allergies can require a special vigilance. In a food allergy, the immune systems overreact when an offending food is eaten, producing chemicals that trigger symptoms which can range from a mild annoyance to severe anaphylactic shock. These symptoms appear anywhere from minutes to two hours after the food is eaten. Some examples are: tingling sensation in the mouth, swelling of tongue and throat, difficulty in breathing, hives, vomiting, abdominal cramps, diarrhea, drop in blood pressure, loss of consciousness, and even death. The most common foods that can trigger a reaction in a sensitive child are: cow's milk, soy, wheat, and eggs. Peanuts, tree nuts, soy, fish, shellfish, corn, and citrus are also potential allergens. Although most food allergies subside as a child matures, this is not generally the case when a child is allergic to peanuts, nuts or shellfish. In order to minimize the potential for allergies, the Academy of Pediatrics recommends that children who have a family history of food allergies wait until they are 24 months old before eating eggs, and 36 months before eating peanut butter. If a child develops a food allergy after the age of three, it is unlikely that he will outgrow it.

More commonly, children can have intolerances to foods that are often confused with allergies. A good example of this is lactose intolerance- the inability to digest the milk sugar lactose. It produces uncomfortable GI symptoms and is sometimes mistaken for a food allergy. However, since it does not

involve the immune system, it is not a food allergy. It is not uncommon after an infection for a young child to have a temporary intolerance that will eventually correct itself.

If a parent suspects his child has food allergies, he should consult the child's physician. If testing confirms food allergies, the best treatment is total avoidance of the allergen. When adjusting a diet for a child with food allergies, it is important to try to substitute foods from the same food group of the Food Guide Pyramid. In that way, he can have a well-balanced diet. This is not easy when milk is the offending food as it is a source of many important nutrients. A calcium-fortified soy milk may be an alternative. In this case it will be important to provide a good source of protein and riboflavin (found in meat), a source of calcium (calcium-fortified juice or cereals) and a source of vitamin D (sunlight). The child's physician will monitor his weight and height to make certain that the restrictive diet doesn't impact his growth. In addition, a dietitian can be an asset in helping a family learn to work around the offending food to assure that the child's diet is nutritionally adequate.

It is important for anyone responsible for providing food for a child with food allergies to become familiar with common sources of food allergens. It is often not as clear cut as it may seem. Derivatives of an allergen may have many different names. Children old enough to read should begin to learn to read food labels. It is important to read the labels each and every time because manufacturers often change

ingredients in their products. There is also the possibility that a manufacturer will use the same production line for different products, one of which may be an offending allergen. If in doubt, it is advisable to call the manufacture to ask about their product.

Maintaining a sense of normalcy is an important part of managing food allergies in children of all ages. For young children, this is accomplished, in part, by parents providing a variety of appropriate alternative foods that resemble the food the rest of the family is eating. It is tempting for a parent with a child with food allergies to be overly protective, but it is more beneficial to the child for them to teach him in a very matter-of-fact manner what he can eat and what he cannot eat. It is inevitable that a child will be faced with challenges as his world broadens. He will better prepared to handle difficult situations in coping with his food allergies at school or a friend's house if his parents have taught him age-appropriate responsibility for himself and his food allergy.

*Source: Celide Barnes Koerner, Anne Munoz-Furlong. The American Dietetic Association Food Allergies. 1998.
Ellyn Satter. Child of Mine: Feeding With Love and Good Sense. 1999.*



Healthy Vegetarian Diet for Children

A “well-planned” vegetarian diet for a child can be a lacto-ovo vegetarian diet in which dairy products and eggs are consumed, or a vegan diet where only plant-based foods are consumed.

Adequate calories are important to support growth and development. This can be challenging for a young child as vegetarian diets are often high in fiber and low in fat. This filling effect may prevent a child from eating enough calories to sustain adequate growth. Caregivers can avoid this problem by offering: frequent small meals and snacks, nutrient dense foods such as peanut butter, avocado and dried fruit, and some lower fiber foods along with higher fiber foods. Substituting some fruit juice for whole pieces of fruit is an example of this.

In addition to calories, providing good sources of protein will help ensure normal growth and development. Milk, cheese and eggs are excellent sources for the lacto-ovo vegetarian. Vegans will want to consume legumes (lentils, peas and beans) and grains (whole wheat, rice, barley, corn), seed and nuts. For young children, it is best to offer the nuts and seeds in form of a butter, such as peanut butter, to minimize the possibility of choking and increase digestibility.

Including a good source of vitamin B12 in a child’s diet is important for the production of red blood cells and nerve health. B12 is only found in foods of animal origin. If a child drinks milk or eats eggs he is getting B12. However, if he is a strict vegan, he will need to rely on foods such as vitamin B12- fortified cereal, fortified soy milk or nutritional yeast (Red Star T6635, which can be mixed in casseroles or bean dishes to minimize its flavor).

Calcium and vitamin D are vital for a growing child. A lacto-ovo vegetarian will get plenty. The vegan will need to consume plant sources such as calcium-fortified orange juice, calcium- fortified soy or rice milk, dark green vegetables such as collards, mustard greens or kale, and legumes. Incorporating greens in mixed dishes like casseroles may encourage consumption by picky eaters. Almonds and figs are also rich in calcium. Drinking milk is an excellent way to obtain vitamin D. A vegan will need an alternative source, such as fortified cereal or fortified soy milk. Light-skinned children who are exposed to the sun two-three times a week on their face and hands during the warmer months probably will get enough. Dark-skinned children may need a little more. A pediatrician may suggest a multi vitamin as an insurance policy.

Zinc and iron are two minerals essential for children’s growth and development. They are found in plant sources, but are less bioavailable than in animal sources. Iron is found in foods such as fortified cereals, lentils, beans, broccoli, raisins, figs, even blackstrap molasses. It can be more readily absorbed if it is eaten with a good source of vitamin C such as citrus, tomatoes, broccoli, even potatoes. Zinc is also found in lentils and beans as well as whole grains, hard cheeses, fortified cereals, and tofu.

Finally, parents should discuss their child’s diet with his pediatrician. It may be that she will recommend a multi-vitamin for insurance. If more help is needed, a dietitian can assist in individualizing a healthy vegetarian diet.

Source: Vegetarian Nutrition, A Practice Group of the American Dietetics Association. Vegetarian Nutrition for School-Aged Children. 1996.

Tips for Helping a Vegetarian Child “Fit in” With Peers

As children grow older they will want to eat foods that their peers are eating. To help a child maintain her vegetarian diet and still “fit in” with her friends, it may help to send her to school with a traditional peanut butter sandwich or bologna made from soy. If she has begun eating out in fast food restaurants, a valuable strategy could be to review the menu and point out vegetarian foods like bean burritos. Encourage a child to invite her friends over for a cook-out where veggie burgers are served along with ever-popular guacamole, salsa and bean dip on corn tortillas. Food can be tasty regardless of whether it comes from plants or animals!

Is Your Child a Picky Eater?

It is easy to recognize picky eaters very early in life. They may be the ones who act as though their infant formula just isn't quite what they would choose. As they progress to solid foods, they are even easier to identify. Before a picky eater gets to be a problem eater, there are skills and techniques that may help ease mealtime struggles and encourage even the pickiest eater to try a few bites of new, different, nutritious food at each meal.

Many sources are available to help parents and caregivers cope with the young, opinionated eater, but no one answer will work all the time. Whenever possible, try to include the child in the planning, shopping for and preparation of some meals. This sense of ownership may stimulate interest and curiosity, and could help 'sell' that first bite.

It is important to keep food and eating from becoming a focus of tension between you and your child. Don't worry if she or he skips an occasional meal, or seems to prefer only a single food for awhile. Parents and caregivers will do finicky children no favors by cooking special foods just for them and it might just make the power struggle worse. Instead, try to include some well-liked foods in each meal, along with foods that may be new, different or less popular. Be sure that conversation does not focus on food or the eating of the meal; instead, keep mealtimes positive and rewarding—an event kids would want to be included in!

Ground rules may make the meal go more smoothly. Teach children the polite way to refuse a food, and be sure kids and adults follow the rules. Don't let a child complain about individual dishes served, and make it clear that the meal will proceed for the rest of the family. If a meal is refused, it is important that the child understand there will be no food until the next scheduled snack or meal. Calm, consistent responses can soothe the picky eater's fussiness and allow a normal appetite to take over.

Below are A Dozen Ways to Get Kids to Try New Foods, courtesy of Dairy Council of the Upper Midwest. Try one, two or a few on a picky eater you know!

- 1. One step at a time.** Offer just one new food at a time. Let the child know if it will be sweet, salty or sour.
- 2. A taste is just a taste.** Let your child decide the amount to try. A "taste" can be as small as 1/2 teaspoon.
- 3. What goes in, may come out... and that's okay!** Recent studies indicate young children are more likely to try a new food if they have the option of not swallowing it. Show children how to carefully spit the food into a napkin if they decide they don't want to swallow it.
- 4. If at first you don't succeed... try, try again.** Many young children must be offered a food 8 to 10 times before they will try it, according to recent research. Continue to offer a new food... don't give up. Eventually they are likely to give it a try.
- 5. Be a role model.** Imitation is a powerful force in learning. If you want children to drink milk, for example, make sure they see you drinking milk as well.
- 6. Capitalize on "food tasting" peers.** To encourage a reluctant taster, have him or her sit with friends or siblings that are good tasters when you introduce a new food.
- 7. Serve an unfamiliar food with familiar ones.** It increases the likelihood that a child will taste the new food.
- 8. Color and texture make a difference.** Children prefer bright colors and interesting textures.
- 9. Involve children in the preparation.** Children are more likely to try a food they have helped prepare.
- 10. You can lead them to a new food... but you can't make them eat.** Never force a child to try a food. Offer it, but if it is not eaten, simply take the food away and present it again at a different time.
- 11. Present the pyramid.** Offer new foods from all five groups of the Food Guide Pyramid. For good health, include 1) Milk, cheese and yogurt, 2) Meat, poultry, fish, beans and eggs, 3) Fruits, 4) Vegetables, 5) Bread, cereal and pasta.
- 12. Lessons from literature.** Read stories about food to and with your children. They may be more likely to try a food that has been introduced in a story.

For a copy of the handout "A dozen ways to get kids to try new foods", contact the Dairy Council in your area, or Dairy Council of the Upper Midwest. 800.642.3895

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Here's the latest issue of *Nutrition Spotlight*, focused on nutrition during childhood. It's part of our series of life-cycle nutrition issues. Next issue: **Nutrition and the Adolescent.**

To hear more about feeding young children, plan on attending a fall seminar September 27, 2000, featuring Ellyn Satter nationally recognized author and speaker on nutrition and feeding infants and children. The conference, to be held in Manhattan, Kansas, is co-sponsored by the Kansas Dietetic Association Foundation (KDAF) in conjunction with the Kansas Head Start Association and the Child and Adult Care Food Program.

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